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CURRENT CORRESPONDE	F F E	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
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MINNEAPOLIS,	(Depositor's name)						
							(Signature)
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APPLICATION NO.	NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/645,304	08/21/2003		Samuel I. Stupp	p NANO 104 US2 8011			
TITLE OF INVENTION: THEREFROM	: CHARGED PEPTIDE	E-AMPHIPHILE SOLUT	TIONS & SELF-ASSE	MBLED PEPTIDE I	NANOFIBER NE	TWORKS FO	RMED
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE TOTAL	FEE(S) DUE	DATE DUE
nonprovisional	YES '	\$720	\$0	\$0	1	\$720	09/23/2008
EXAMI	NER	ART UNIT	CLASS-SUBCLASS				
CORDERO GARCI	A, MARCELA M	1654	514-002000				
Address form PTO/SB.  "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME AN	ondence address (or Cha /122) attached. cation (or "Fee Address or more recent) attach	inge of Correspondence  "Indication form ted. Use of a Customer  A TO BE PRINTED ON T	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)  data will appear on the patent. If an assignee is identified below, the document has been filed for T a substitute for filing an assignment.				
(A) NAME OF ASSIG		pietion of this form is NO	(B) RESIDENCE: (CI				
NORTH WESTERN UNIVERSITY EVANSTON, FLLINOIS							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) as  Issue Fee  Publication Fee (No  Advance Order - #	o small entity discount p		A check is enclose	of Fee(s): (Please first reapply any previously paid issue fee shown above) ck is enclosed. ent by credit card. Form PTO 2038 is attached. irector is hereby authorized to charge the required fee(s), any deficiency, or credit any ayment, to Deposit Account Number 50-2101 (enclose an extra copy of this form).			
<ol> <li>Change in Entity State</li> <li>a. Applicant claims</li> </ol>	SMALL ENTITY state	is. See 37 CFR 1.27.	☐ b. Applicant is no l				
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Typed or printed name		- MAEBIUS					
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